

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10688379

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
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30		/				
31		/				
32		6				
33		3				
34		5				
35		5				
36		3				
37		①				
38		②				
39		②				
40		②				
41		②				
42		②				
43		②				
44		②				
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	63					
TOTAL CLAIMS	64					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

16
5
21
49
64